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APPLICANTS

Paul F. Chouinard, Maple Grove, MN;  
 Dennis A. Peiffer, Maple Grove, MN;

\*\* CONTINUING DATA \*\*\*\*\*

*da* This application is a CON of 09/677,905 10/03/2000 PAT 6,622,604  
 which is a CIP of 09/494,980 01/31/2000 PAT 6,325,822  
 and is a CIP of 09/494,704 01/31/2000 PAT 6,398,807

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*da* NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/06/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>da</i> Initials	STATE OR COUNTRY MN	SHEETS DRAWING 15	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
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ADDRESS  
 23122  
 RATNERPRESTIA  
 P O BOX 980  
 VALLEY FORGE , PA  
 19482-0980

TITLE  
 Process for manufacturing a braided bifurcated stent

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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